


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000038830 1. Entity Name MYI, LLC	
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Principal Place of Business 23427 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980	Mailing Address P.O. BOX 495658 PORT CHARLOTTE, FL 33949
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DO NOT WRITE IN THIS SPACE



02142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0711899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ZUSMAN, NEIL 23427 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZUSMAN, NEIL 23427 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980
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05/15/08-80009-004 138.75
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Neil Zusman** **4/21/08** **941-624-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #